



Oxfordshire County Council



**ANNUAL REPORTS**  
OF THE  
COUNTY MEDICAL OFFICER OF HEALTH  
AND  
PRINCIPAL SCHOOL MEDICAL OFFICER  
FOR THE YEAR  
*1959*



OXFORDSHIRE COUNTY COUNCIL

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ANNUAL REPORT  
ON  
COUNTY HEALTH  
SERVICES


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Report of the  
COUNTY MEDICAL OFFICER  
M. J. PLEYDELL  
M.C., M.D., D.P.H.

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1959

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HEALTH DEPARTMENT  
PARK END STREET  
OXFORD

*To the Chairmen and Members of the Health Committee and Education Committee*  
MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1959.

The trends of the vital statistics conform to previous years. The birth rate of 18.9 is the highest since 1948 and is well above the national figure. The infant mortality rate is 19.9, as compared with the national figure of 22.0. The death rate of 9.9 per thousand is below the national average of 11.6. Only 8 deaths were attributed to pulmonary tuberculosis, whereas cancer of the lung was responsible for 73 deaths.

Approximately 75 per cent of mothers in Oxfordshire go to hospital for their confinements. This high proportion more than satisfies the requirements of the Cranbrook Committee, but it also results in difficulty in providing domiciliary midwives with adequate experience, and, in some areas, in the recruitment of nursing staff. In dealing with the problem of shortage of home nurses, the Committee have decided to review their policy relating to training district nurses, nurses' houses, cars, equipment, and the areas which have to be served. As a result, it is hoped that the present serious shortage and lack of younger staff will be overcome in the future.

Reference is made in the report to the numbers of persons protected against specific infections by vaccination and immunisation. Prevention in this way has greatly reduced the need for curative medical services provided by the hospitals. The attitude of young people to immunisation against poliomyelitis suddenly changed from indifference at the beginning of the year to urgent demand in the early summer. Great strain was thrown on the clerical department, as well as the medical officers, in meeting this sudden change in attitude. Evening clinics for the public were set up at centres in the County, at some of which medical practitioners and medical officers were working together. By the end of the year, more than four out of every five children under fifteen had been protected and the great majority of registered young persons under twenty-five had received their three injections.

This emphasis on protection against poliomyelitis should not detract from the need for protecting against diphtheria and smallpox. It is only by maintaining immunisation against these diseases at a high level that they have become as rare as they are today. A further attack on tuberculosis, by extending the groups of persons eligible for vaccination against it, leads one to hope that this infection will suffer the same reduction in the future.

The demands on the ambulance service have continued to increase. This increase is related to hospital policy in reducing admissions as much as possible by increasing out-patient clinics. Thus, in 1959, five thousand



more patients were transported to out-patient clinics than in 1958; the overall average mileage per patient has remained relatively constant over the past three years.

Under their powers in Section 28 of the National Health Service Act, the Minister of Health has authorised local health authorities to provide a chiropody service for certain groups of persons. There is no doubt that this will be of the greatest value, in particular to old folk, and arrangements are being made to provide a service, either with voluntary organisations or directly, whichever proves the more practicable.

The closing of the Helping Hand Shop marks the end of the great voluntary service which this organisation has undertaken on behalf of the County Council. Their pioneer work over a period of many years has not only been of the greatest value to the patients themselves, but has helped to set the pattern for future years in rehabilitation and after-care work.

In the field of mental health, the Mental Health Act of 1959 undoubtedly forms a landmark in public health legislation. The development of local authority community services envisaged under the Act, to which reference is made in the mental health section of the report, requires careful thought and planning. New names will not alter the nature of mental illness or disorder, and it is very largely the attitude of the public which will determine the extent to which care can be provided in the community. In Oxfordshire, the services of four full-time training centres will be available in different parts of the County. A new mental welfare officer has been appointed to the staff, and close liaison exists between the hospital and local authority staff in preventive and after-care work. Future developments will be planned in the light of experience, to meet the responsibilities inherent in the Act.

In conclusion, I have pleasure in thanking all members of the Health Department staff for their help and services throughout the year.

I have the honour to be,

Your obedient servant,

M.J. PLEYDELL

County Medical Officer of Health



## COMMITTEES AND STAFF

### MEMBERS OF HEALTH COMMITTEE

Brig. F.R.L. Goadby, *Chairman*

Mr. R.C. Surman, *Vice-Chairman*

### COUNCIL MEMBERS

+Mr. W.G. Bayley	Mr. C.H. Hughes	*Mr. G.A. Potts
*Mr. T.L. Easby	+Mrs. M.A. Johnson	Mr. J.W. Shilson
Brig. F.R.L. Goadby	Maj. Gen. H.R. Lambert	+Mr. R.C. Surman
Capt. G.E.F. Goring-Thomas	The Earl of Macclesfield	Mr. R.E. Tarrant
Mr. W.P. Gilkes	Mr. O.G. Harrison	Dr. F.N. White
Mrs. M.H. Hichens	The Viscountess Parker	Mr. F. Wise
	Mrs. W.D. de Pass	

### CO-OPTED MEMBERS

*Oxfordshire Nursing Federation Representatives*

The Countess of Macclesfield

Mrs. J.H. Morrell

*Area Executive Council Representative*

Dr. A.R.H. Williamson

*Oxford Regional Hospital Board Representative*

The Duchess of Marlborough

*Oxford University Department of Social Medicine*

Dr. Alice Stewart

+ *Audit Sub-Committee*

\* *Standing Deputies, Audit Sub-Committee*

### MENTAL HEALTH SUB-COMMITTEE

Mr. W.G. Bayley ( <i>Chairman</i> )	Mrs. M.A. Johnson	Brig. F.R.L. Goadby
Mr. T.L. Easby	Maj. Gen. H.R. Lambert	Mr. J.W. Shilson
Mr. R.C. Surman		Dr. F.N. White

### GENERAL PURPOSES SUB-COMMITTEE

Brig. F.R.L. Goadby ( <i>Chairman</i> )	Mr. O.G. Harrison	The Viscountess Parker
Mr. W.G. Bayley	Mrs. M.H. Hichens	Mr. G.A. Potts
Mrs. W.D. de Pass	Mr. C.H. Hughes	Mr. J.W. Shilson
Mr. T.L. Easby	Lord Macclesfield	Mr. R.C. Surman
Capt. G.E.F. Goring-Thomas	The Duchess of Marlborough	Mr. R.E. Tarrant
Dr. F.N. White		Mr. F. Wise

### DOMICILIARY SERVICES SUB-COMMITTEE

Mr. R.C. Surman ( <i>Chairman</i> )	Lord Macclesfield	Mr. G.A. Potts
Brig. F.R.L. Goadby	Lady Macclesfield	Dr. A. Stewart
Capt. G.E.F. Goring-Thomas	The Duchess of Marlborough	Dr. F.N. White
Mrs. M.A. Johnson	Mrs. J.H. Morrell	Dr. A.R.H. Williamson
Mr. W.P. Gilkes		Mr. F. Wise

### BANBURY DAY NURSERY SUB-COMMITTEE

Mrs. M.A. Johnson ( <i>Chairman</i> )	Mr. W.P. Gilkes	Mrs. E.L. Walklett ( <i>representing Banbury Borough</i> )
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## STAFF

<i>County Medical Officer of Health</i>	Dr. M.J. Pleydell, M.C., M.D., D.P.H. (from 2.2.59)
<i>Deputy County Medical Officer of Health</i>	Dr. I.B. Sutherland, M.B., Ch.B., D.P.H. (from 6.4.59) Dr. P.W. Bothwell, M.B., Ch.B., D.P.H. (resigned 2.2.59)
<i>Assistant County Medical Officer (part-time)</i>	Dr. A.J. Campbell, M.D., B.Sc., D.P.H., Barrister-at-Law
<i>Assistant County Medical Officer (Temporary - for Poliomyelitis Vaccination Scheme)</i>	Dr. Dorothy M.H. Roberts, M.B., B.S., M.R.C.S., L.R.C.P. (appointed 16.1.58; left 13.10.59)
<i>Medical Officers of Child Welfare Clinics (part-time)</i>	42 General Practitioners
<i>Consultant Chest Physician (part-time)</i>	Dr. N.J. England, M.D., D.P.H.
<i>County Housing Officer</i>	Mr. H.G. Bartram, M.I.P.H.E.
<i>County Superintendent Nursing Officer)</i>	Miss M.C. Owen, S.R.N., S.C.M., H.V.Cert. (retired 19.10.59)
<i>Superintendent of Health Visitors )</i>	Miss E. Richards, S.R.N., S.C.M., M.T.D., H.V.Cert., Q.N.S. (appointed 12.10.59)
<i>Non-Medical Supervisor of Midwives )</i>	
<i>Supervisor of District Nurses (Assistant to County Superintendent Nursing Officer)</i>	Miss N.S. Down, S.R.N., S.C.M., Q.N (retired 18.9.59)
<i>Deputy Superintendent of Health Visitors</i>	Miss C.E. Henry, S.R.N., S.C.M., M.T.S., H.V.Cert.
<i>Relief Health Visitor and Tuberculosis Liaison Officer</i>	Miss M.A. Williams, S.R.N., S.C.M. (Part I), O.N.C., T.A., H.V.Cert.
<i>Health Visitor Tutor</i>	Miss B. Cox, S.R.N., S.C.M., H.V.Cert.
<i>Health Visitors/School Nurses</i>	31
<i>District Nurse/Midwives</i>	60 (including 13 vacancies)
<i>Duly Authorised Officer and Senior Mental Welfare Officer</i>	Mr. H.S. Heady
<i>Mental Welfare Officers</i>	Mrs. M.A. Collins, D.P.A. (Oxon.) (on study leave until 1.10.59) Mrs. J. Sheff, B.A., Dip. Social Studies (Sheffield) (temporary appointment terminated 27.9.59)
<i>Mental Welfare Officer and Duly Authorised Officer</i>	Mr. F. Rowley, R.M.N., A.R.S.H., Social Science Diploma (appointed 1.9.59)
<i>Duly Authorised Officers (part-time)</i>	Mr. R.C.A. Charlett Mr. A.W. Shepherd Mr. N.F. Spatcher (retired 31.8.59) Mr. E.B. Holgate (appointed 1.9.59) Mr. W.J.R. Burrows (temporary reappointment ceased 4.5.59) Mr. W.R. Beehag (appointed 4.5.59)
<i>Home Teachers for Mentally Defective Children</i>	Mrs. W. Rawson Mrs. K. Dove (resigned 31.12.59)
<i>Occupational Therapists</i>	Miss B.H. Rostance, M.A.O.T. Miss R.A. Gardiner, M.A.O.T. Miss P.G. Dixon, M.A.O.T.
<i>Administrative Assistant</i>	Mr. L.C. Bartram



# PART I VITAL STATISTICS

## ( a ) GENERAL STATISTICS

Area	470,392 acres
Population (estimated mid-1959) - Total	200,000
Rateable value for whole county (estimated 1st April 1960)	£2,318,927
Estimated product of penny rate for the whole county (1959-60)	£9,250

## ( b ) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

### *Births*

	<i>M</i>	<i>F</i>	<i>Total</i>	
Live births	1,915	1,869	3,784	
Live birth rate (per 1,000 of the estimated population)				18.9 Crude
(National average - 16.5)				19.3 Corrected
Stillbirths	27	21	48	
Stillbirth rate per 1,000 total (live and still) births				19.2
(National average - 20.7)				
Total births (live and still)	1,942	1,890	3,832	
Infant deaths	48	27	75	
Infant mortality rate per 1,000 live births				19.9
(National average - 22.0)				
Infant mortality rate per 1,000 live births - legitimate				19.4
illegitimate				28.1
Neo-natal mortality rate (first four weeks) per 1,000 live births				12.9
Illegitimate births (live and still)			179	
Illegitimate births per cent of total live births				4.7
Maternal deaths (including abortion)				Nil
Maternal mortality rate				Nil

### *Deaths*

	<i>M</i>	<i>F</i>	<i>Total</i>	
Total deaths	1,089	896	1,985	
Death rate per 1,000 of estimated population				9.9 Crude
(National average - 11.6)				10.3 Corrected

The main causes of death were:

Heart disease	633
Cancer	331
Cerebral vascular disease	285
Infectious diseases other than tuberculosis	144
Other circulatory diseases	78
Motor vehicle accidents	44
All other accidents	57
Gastro-intestinal diseases	23
Tuberculosis	9



# VITAL STATISTICS OF WHOLE COUNTY DURING 1959 AND PREVIOUS YEARS

Year	Population estimated to middle of each year	BIRTHS		DEATHS				
		Number	Rate per 1,000 of population	Under 1 year of age		At all ages		
				Number	Rate per 1,000 nett births	Number	Rate per 1,000 of population	
1	2	3	4	5	6	7	8	
							Crude	Corrected*
1950	172,060	2,914	16.93	63	21.6	1,889	10.8	10.04
1951	180,800	2,937	16.24	52	17.7	1,958	10.8	10.15
1952	185,200	3,049	16.46	81	26.5	1,773	9.6	9.46
1953	189,000	3,131	16.56	74	23.6	1,680	8.8	8.71
1954	189,600	3,217	16.96	68	21.1	1,773	9.3	9.16
1955	191,500	3,179	16.6	72	22.6	1,934	10.09	10.09
1956	194,800	3,356	17.2	67	19.9	1,873	9.61	10.09
1957	195,070	3,580	18.35	75	20.9	1,766	9.05	9.50
1958	194,000	3,502	18	61	17.4	1,909	9.8	10.09
1959	200,000	3,784	18.9	75	19.8	1,985	9.9	10.3

\* A corrected rate having been adjusted for age and sex distribution

RURAL DISTRICTS	Population estimated to middle of 1959	Nett Births			Nett Deaths				
		Number	Rates per 1,000 population		Under 1 year of age		At all ages		
					Number	Rate per 1,000 nett births	Number	Rates per 1,000 population	
								Crude	*Corrected
Banbury	15,440	238	15.4	17.4	4	16.8	158	10.2	8.9
Bullington	40,660	796	19.5	19.3	25	31.4	383	9.4	10.1
Chipping Norton	16,470	255	15.4	16.3	5	19.6	169	10.2	9.6
Henley	21,430	382	17.8	17.9	5	13	231	10.7	10.5
Ploughley	28,940	664	22.9	23.3	9	13.5	209	7.2	10.2
Witney	24,260	506	20.8	21.4	4	7.8	170	7	7.6
URBAN DISTRICTS									
Banbury	19,730	348	17.6	17.6	7	20	247	12.5	11.8
Bicester	5,900	121	20.5	18	1	.8	52	8.8	11.1
Chipping Norton	4,410	72	16.3	16.4	4	55.5	48	10.8	8.4
Henley	8,470	131	15.4	16.3	4	30.5	130	15.3	11.3
Thame	3,750	50	13.3	13.5	-	-	50	13.3	12.3
Witney	8,680	172	19.8	18.4	7	40.7	83	9.5	11.4
Woodstock	1,860	49	26.3	26.8	-	-	55	29.5	10.3

\* A corrected rate having been adjusted for age and sex distribution

TABLE OF CAUSES OF DEATH 1959

C A U S E   O F   D E A T H	U R B A N   D I S T R I C T S												R U R A L   D I S T R I C T S												Grand Total M & F																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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## PART II

### PROVISION OF HEALTH SERVICES UNDER THE NATIONAL HEALTH SERVICE ACT, 1946

#### CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

##### (i) Notification of Births

The number of live births notified in the area under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was:

	Male	Female	Total
Legitimate	1,829	1,777	3,606
Illegitimate	86	92	178
Total	1,915	1,869	3,784

Details of notifications are transmitted promptly to health visitors, in order that they can begin visiting after the fourteenth day.

##### (ii) Premature Births

The number of premature births notified, as adjusted by notifications transferred into or out of the area, was:

	<i>In hospital</i>	<i>At home</i>	<i>In private nursing homes</i>	<i>Total</i>
Premature live births	107	30	65	202
Premature still births	10	1	7	18

TABLE I

Weight at birth	PREMATURE LIVE BIRTHS									PREMATURE STILL-BIRTHS					
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days			
3 lb 4 oz or less	11	5	6	--	--	--	--	--	--	6	5	1	6	1	3
3 lb 5 oz to 4 lb 6 oz	19	2	17	4	--	4	--	--	--	15	2	13	2	--	3
4 lb 7 oz to 4 lb 15 oz	22	1	21	3	--	3	--	--	--	15	--	15	1	--	1
5 lb to 5 lb 8 oz	55	1	54	21	--	21	2	--	2	29	--	29	1	--	--
Totals	107	9	98	28	--	28	2	--	2	65	7	58	10	1	7

Total survival rate = 84.5%



(iii) *Ophthalmia Neonatorum and Puerperal Pyrexia*

One case of ophthalmia neonatorum was notified.

Six cases of puerperal pyrexia were notified.

(iv) *Deaths Ascribed to Pregnancy or Childbirth*

No deaths occurred in 1959.

(v) *Antenatal care* is provided by the local authority domiciliary midwives, medical practitioners and the hospital midwifery services. No antenatal clinics are provided by the local authority.

(vi) *Maternity Accommodation*

The booking of cases on social grounds is undertaken by the local health authority in conjunction with the medical practitioner concerned. In 1959, 214 cases were admitted to hospital for confinement on social grounds.

(vii) *Care of Unmarried Mothers*

A close liaison exists between the County Health Department and the North and Mid-Oxon Association for Moral Welfare and South Oxfordshire Moral Welfare Association. The Diocesan Council is given a grant of £563 for the work undertaken by them on behalf of the County Council. 123 persons were looked after in the year, 93 of whom were maternity cases.

(viii) *Dental Care*

Mr. W.J. Cook, the Chief Dental Officer, has contributed the following report:

'There have been very few expectant and nursing mothers making enquiries for dental treatment. This priority group appears to be adequately dealt with by the private practitioner. Those who do come forward only do so either for an extraction or to obtain free dentures.

'Until such time as it is possible for the dentist to attend the infant welfare centres and give informal talks, the pre-school children will be neglected until they are examined when they reach school age. This is unfortunate, as many teeth which could be saved are beyond repair when eventually seen by the school dentist.'

Of the 14 expectant and nursing mothers examined during the year, all were in need of treatment; 8 were treated and 6 made dentally fit. 105 children under five were examined, of whom 67 were in need of treatment; 60 were treated and 58 made dentally fit.

The following forms of dental treatment were provided:

- (a) For expectant and nursing mothers - 30 extractions and the provision of 2 full upper or lower dentures.
- (b) For children under five - 14 fillings, 43 silver nitrate treatment, 69 extractions. 29 general anaesthetics were given.

(ix) *Ascertainment of Deafness in Young Children*

Following an initial lecture by Mr. Livingstone to all the nursing staff on the detection and treatment of deafness in infancy, the health visitors have received instruction at the audiometric unit of the Radcliffe Infirmary in the practical methods involved. Special attention and screening are given to those infants who are considered to be 'at risk': that is to say, premature babies, and babies born to mothers who have had infection or toxæmia in pregnancy. It is hoped that early detection and treatment of partial deafness will mean that fewer children will have to attend special residential schools for deaf pupils.

(x) *Day Nurseries.*

The Banbury Nursery was open throughout the year, apart from ten days' closure during February, following a number of cases of diarrhoea among the children. There are 40 places at the nursery. At the end of the year 32 children were on the register. The average daily attendance during the year was 19.

(xi) *Nurseries and Child Minders Regulations Act, 1948*

The premises registered under the above Act, at the end of the year, were:

- The Close, Boxhedge Road, Banbury (Mrs. Pratt), with 10 places;
- Temple Close, Sibford Gower (Mrs. Stewart), with 10 places;
- 40 School Road, Kidlington (Mrs. Sydenham), with 6 places.

(xii) *Distribution of Welfare Foods*

Welfare foods are distributed from 52 welfare centres throughout the County and, in addition, from 73 distribution points. In Banbury, welfare foods are sold from the Banbury Clinic on four days of the week.



I should like to express my appreciation and thanks to all voluntary helpers for the work they are doing in storing and distributing welfare foods, often from their own homes.

During the year, the following items were distributed:

- 51,213 tins of National Dried Milk to the value of £5,968 8s. 8d, and 646 tins free of charge;
- 10,404 bottles of cod liver oil, free;
- 7,732 packets of Vitamin Tablets, free;
- 88,946 bottles of orange juice to the value of £1,851 and 115 bottles free of charge.

Distribution centres were opened at one clinic and three shops; and closed at two shops, one clinic, three private houses and one school. Four centres were transferred from clinics to shops.

MIDWIFERY (SECTION 23)

The following table shows the number of cases attended by midwives during the year.

TABLE II

NEW CASES				Cases delivered in institution attended on discharge & before 14th day	TOTAL VISITS AS		BREAST FEEDING	MEDICAL AID SUMMONED		ANTENATAL VISITS		POSTNATAL VISITS	
Doctor not booked		Doctor booked			Mid-wife	Mat. nurse	Cases wholly breast-fed 14th day	Dr. engaged	No Dr. engaged	Dr. not booked	Dr. booked	Dr. not booked	Dr. booked
Dr. at del.	Dr. not at del.	Dr. at del.	Dr. not at del.										
22	429	77	443	453	19,702	3,520	792	125	96	6,667	7,599	376	603

The County Nursing Officer, who is the Non-Medical Supervisor of Midwives, and her staff made 90 routine visits of inspection to staff. 107 midwives notified their intention to practise during the year, 56 employed by the County Council, 50 by Hospital Management Committees and 1 by nursing agencies in private nursing homes.

Forty-five midwives employed by the County Council were qualified to administer gas and air. Ninety-one per cent of the domiciliary confinements received this form of analgesia. It is hoped that trilene analgesia will be used in some districts in the future.

All midwives were authorised to administer pethidine. In 56 cases the doctor was present at the time of delivery; in 407 cases the doctor was not present.

In Oxfordshire, 75 per cent of babies are born in hospital. In this respect, the recommendation of the Cranbrook Committee has already been maintained over a number of years, but the low domiciliary confinement rate in some areas results in difficulty in attracting nurse-midwives to those areas. At the end of the year there were 13 vacancies, out of an establishment of 60.

HEALTH VISITING (SECTION 24)

Thirty-three Health Visitors are employed by the County Council and the service was fully staffed at the end of the year. Details of visits carried out are shown in Table III.

TABLE III

Number of children under 5 years visited during year	Expectant mothers		Children under 1 year of age		Children aged 1 and under 2 years	Children aged 2 but under 5 years	Tuber-culous house-holds	Other cases	Total number of families or households visited by Health Visitors
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
17,598	495	1,209	3,926	22,895	11,362	16,997	2,762	23,279	16,457
'No access' visits (not included in figures above)		112		2,259	1,003	1,245	480	1,285	



Child Welfare Centres

There were 72 Child Welfare Centres in the county. The number of children under one year who attended for the first time was 2,764, representing 73 per cent of the total registered live births. The total number of attendances at all Child Welfare Centres by children under one year of age was 35,443, and by children between the ages of one and five years, 24,824.

TABLE IV

Number of clinics held in County Council premises (Banbury, Bicester, Chipping Norton, Henley and Thame) .....	5
Number of clinics held in suitable local premises (e.g. village halls, church halls) .....	67
Clinics opened during the year .....	3
(Ascott-under-Wychwood, Kidlington (Garden City Church Hall) and Old Marston)	
Clinics closed during the year .....	1
(Polish Camp, Checkendon)	

List of Clinics

Adderbury	Clifton Hampden	Kelmscott	Shilton
Ascott-under-Wychwood	Deddington	Kidlington	Shutford
Bampton	Dorchester(Berinsfield)	" (Garden City)	Stadhampton
Banbury	Enstone	Kingham	Standlake
Benson	Eynsham	Kirtlington	Stanton Harcourt
Benson R.A.F.	Filkins	Leafield	Stonesfield
Bicester	Finstock	Littlemore	Swalcliffe
Bloxham	Fritwell	Lower Heyford	Tackley
Bunkers Hill	Garsington	Mapledurham	Tetsworth
Burford	Goring	Middle Barton	Thame
Carterton	Great Milton	Milton-under-Wychwood	Warborough
Chadlington	Great Tew	Minster Lovell	Watlington
Chalgrove	Handborough	Nettlebed	Wheatley
Charlbury	Henley-on-Thames	Northleigh	Witney
Checkendon	Hethe	Old Marston	Woodcote
Chinnor	Hook Norton	Peppard	Woodstock
Chipping Norton	Horspath	Rose Hill	Wroxton
	Islip	Sandhills	Yarnton

Prevention of Break-up of Families

Health visitors continue to spend much of their time and energy on work with problem families. Their aims are to improve family relationship and to help resolve the many problems which arise. They offer advice on budgeting, home management, management of children and adolescents, so that the standard of living in these families can be improved and a reasonably happy family life achieved. The health visitor can often forestall a family breakdown by calling in appropriate help when the need arises.

With improved standards of living, there are still some families who are unable to approach the accepted standard of the neighbourhood. These families need help and encouragement over a long period. In the main, responsibility for long-term help rests with the health visitor and accounts for a great deal of her time, calling for all her resources in order to help these families settle in their new environment.

Health Visitors' Training School - 1958/9 Course

Thirty-five students attended the Training School at Headington. One of these was unable to complete the course. Of the remainder, 29 were successful in obtaining the Health Visitor's Certificate at the end of the course.

There were 4 independent students and 31 were sponsored as follows:

Berkshire County Council	1	Warwickshire County Council	3
Cornwall County Council	1	Gloucester City	4
Herefordshire County Council	3	Grimsby County Borough	1
Hertfordshire County Council	7	Oxford City	2
Northamptonshire County Council	2	Isle of Ely County Nursing Association	1
Somerset County Council	5	East Sussex County Nursing Association	1



HOME NURSING (SECTION 25)

At the end of the year, 39 state registered nurses and 8 enrolled assistant nurses were employed by the County Council. Reference has already been made to the shortage of midwives and, of necessity, the same problem applies to the nursing services. Many nurses are over-worked and have to travel long distances to cover wide areas; elsewhere, nurses' houses stand empty and may not appear attractive to new applicants. The problem of shortage of nursing staff will face the Committee for many years to come, since, out of a total strength of 47 nurses, 23 are over the age of fifty.

In order to consider the difficulties associated with staff shortage, the Health Committee set up a special policy sub-committee, to which two medical practitioners were co-opted. The policy of recruiting nurses through training has been adopted by the Health Committee; it is hoped that by this means it will be possible to keep up with losses through retirement and to make good the present leeway.

Details of cases attended and the number of visits paid are given in the following table:

TABLE V  
HOME NURSING

	Medical	Surgical	Infec- tious diseases	Tuber- culosis	Maternal compli- cations	Others	Totals	Patients included in 2-7 who were over 65 at time of 1st visit during year	Children included in 2-7 who were under 5 at time of 1st visit	Patients included in 2-7 who have had more than 24 visits in the year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended during the year	3,050	943	66	74	126	1,533	5,792	1,747	247	790
Number of visits paid during the year	69,062	20,337	239	6,781	1,051	10,230	107,700	46,072	1,914	50,561

Supervision of Maternity and Nursing Homes (under the Public Health Act, 1936)

The following homes are on the register:

- |  |                    |
|--|--------------------|
| 1. 'Madora', 72 Oxford Road, Banbury                           | General (3 beds)   |
| 2. Tracey House, 42 Broughton Road, Banbury                    | " (13 beds)        |
| 3. The Teng Singh Nursing Home, North Aston                    | " (3 beds)         |
| 4. St Andrew's Nursing Home, St Andrews Road, Henley-on-Thames | " (8 beds)         |
| 5. Thames Bank Nursing Home, Goring-on-Thames                  | " (28 beds)        |
| 6. Buddleia Nursing Home, Witney                               | Maternity (2 beds) |

VACCINATION AND IMMUNISATION (SECTION 26)

(a) Vaccination against Smallpox

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme since 1958:

Age at date of vaccination	Under 1		1 to 4		5 to 14		15 or over		Total	
	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc
1958	1,869	--	133	20	66	79	97	340	2,165	439
1959	1,908	--	147	35	98	100	88	369	2,241	504



(b) *Diphtheria Immunisation*

Details of children immunised against diphtheria by the end of the year are shown as follows:

Age on 31.12.59 (i.e. born in year)	Under 1 1959	1-4 1955-1958	5-9 1950-1954	10-14 1945-1949	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1955-1959	905	8,642	10,385	557	20,489
B. Number of children whose last course (primary or booster) was completed in the period 1954 or earlier	--	--	2,258	9,850	12,108
C. Estimated mid-year child population	3,540	13,760	31,000		48,300

(c) *Whooping Cough Immunisation*

Number of children immunised in 1959 and (1958):

Years of age 0-1	Years of age 1-4	School age
2,299 (2,058)	433 (370)	102 (57)

(d) *Tetanus Immunisation*

Many practitioners prefer to use the combined antigen against diphtheria, whooping cough and tetanus. The numbers immunised against tetanus during the year 1959 were 3,144 (2,269).

(e) *Poliomyelitis Vaccination*

The public have been informed of the availability of vaccination by means of posters displayed in doctors' surgeries, cinema foyers, libraries and other public places. Slides have been displayed on cinema screens and advertisements have been inserted in the local press covering all parts of the County.

Sessions for the public were held every Wednesday evening at Gloucester Green, Oxford, and on the second Wednesday of each month at the Banbury Clinic. Other evening sessions were held in Henley and Witney. In addition, vaccinations were undertaken in factories, schools and infant welfare clinics.

By the end of the year, 55,591 people had registered for vaccination against poliomyelitis. Of this number, approximately 45,324 had completed the course of three injections; approximately 9,632 had received two injections; 348 had received one injection and 287 were still awaiting vaccination. The last figure represents the number of persons who had recently registered and were awaiting appointments for vaccination, plus the number of persons who had failed to keep their first appointments.

(f) *B.C.G. Vaccination*

Vaccination is now available to children of 14 and upwards, children below 13 who are in a class that is being vaccinated, and students receiving further education at colleges, universities, etc.

Consent for Mantoux testing and vaccination was returned for 2,171 school children, which represents an acceptance rate of 85 per cent. Of those tested, 338 children were Mantoux positive, a rate of 16 per cent. The number vaccinated was 1,687.

(g) *Yellow Fever Vaccination*

After consideration of the statement by the Ministry of Health that yellow fever vaccination could be provided by local health authorities, the Health Committee decided that in a rural county like Oxfordshire such a service was not necessary.



## AMBULANCE SERVICE (SECTION 27)

### Administration

There were no changes in the administrative staff in 1959, although the demands on the service increased considerably over the previous year. 5,277 more patients were transported and the mileage increased by 61,834 miles.

Whilst there have been a marked rise in the number of patients transported, it is interesting to note that the number of patients transported for the County by Oxford City has decreased by 324 and the mileage has decreased by 2,550.

### Stations

No changes have occurred in regard to the operational service from the full-time stations at Henley, Banbury, Bicester, Thame, and Witney. The plans for a new ambulance station, in conjunction with a fire station, at Bicester have been approved and work on the station is in progress.

Crowmarsh ambulance station, opened in June 1958, continues to give excellent service in that part of the County hitherto served by Oxford City.

The full-time station at Chipping Norton became fully operational in June, when the second driver/attendant was engaged, and is providing the service that was so badly needed in that area.

Following the sudden resignation of the two ambulance drivers at the Woodstock station, it was decided to serve the area from the Kidlington station, which was converted from part-time to full-time service. Subsequently, arrangements were made for the Woodstock Division of the St John Ambulance Brigade to provide a part-time ambulance service for evenings and weekends at Woodstock, in addition to the service provided from the full-time stations.

### Staff

Owing to the increased demand upon the service, it has become increasingly difficult to obtain, during normal working hours, sufficient voluntary attendants for ambulances. To help meet the need, six additional driver/attendants were authorised: three at Banbury, and one at each of the ambulance stations at Witney, Chipping Norton and Henley.

FULL-TIME STATIONS			
Location	Number of Vehicles		Full-time Staff Establishment
	Ambulances	Light Dual-	
		Purpose Vehicles	
Banbury	3	1	13
Bicester	1	-	2
Chipping Norton	1	-	2
Crowmarsh	1	-	2
Henley	1	2	4
Kidlington	-	1	2
Thame	1	-	2
Witney	1	1	5
PART-TIME STATIONS			
Woodstock	-	1	5 part-time
Wychwood	-	1	6 part-time

### Vehicles

With the transfer of the ambulance previously kept at the Infectious Diseases Hospital at Banbury to the Banbury ambulance station, there are sixteen fully operational front-line vehicles and two reserves stationed throughout the County.

Two new ambulances were purchased during the year, under the replacement scheme. The design remains the same, which enables maximum loading and comfort to be obtained for either stretcher or sitting cases.

### Patients Carried and Mileage Travelled

Table 1 gives details of the number of patients carried during the past four years, whilst Table 2 shows the miles travelled during the same period. The increase in patients can be attributed to persons attending hospitals as outpatients: during the year, 56,162 persons were conveyed to outpatient clinics, as against 50,618 in 1958.



TABLE 1 - PATIENTS

Year	H.C.S.	Taxi	Ambulance	I.D.H.	Total	Oxford City	Gross Total
1956	33,898	1,757	13,784	578	50,017	2,371	52,391
1957	31,337	2,346	23,380	723	57,786	2,567	60,353
1958	32,082	4,934	23,355	837	61,208	2,390	63,598
1959	35,733	5,693	24,699	684	66,809	2,066	68,875

TABLE 2 - MILEAGE

Year	H.C.S.	Taxi	Ambulance	I.D.H.	Total	Oxford City	Gross Total
1956	459,428	26,795	198,205	4,433	688,681	22,745	711,426
1957	388,012	26,554	251,338	5,359	671,263	25,836	697,099
1958	376,624	51,029	257,922	5,652	691,239	19,035	710,272
1959	411,340	56,912	282,462	4,907	755,621	16,485	772,106

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

### Health Education - Smoking and Lung Cancer

Following the results of the survey on smoking among school children, consultations took place with the Director of Education and some of the head teachers, with a view to arranging the most effective form of propaganda in schools. A selection was made of the leaflets and posters which were considered most suitable and these were distributed to County schools, together with the statistics for cancer of the lung as given in the *Annual Report* for 1958. In addition, a leaflet was prepared for distribution to youth clubs and posters were sent out to all County medical practitioners for display in their surgeries.

The propaganda policy of the County Council is aimed mainly at the prevention of smoking by children and young persons, but endeavours are also being made to bring the subject to the notice of adults where such an approach appears practicable.

### Occupational Therapy

In 1959, 57 new patients were referred for occupational therapy, nearly half this number being referred by medical practitioners. For chronically disabled persons, the emphasis has continued on providing occupation which offers a reasonable financial return for the work done. Younger disabled persons are encouraged to equip themselves with a skill which may afford at least a contribution to their livelihood. Several are learning to type, with the aim of obtaining copy-work. Advice and help have been given by the County Horticultural Department, especially in choosing and planning work in greenhouses.

Voluntary help with transport arrangements has enabled group meetings to take place at Witney, with the result that it has been possible to do outwork for one of the local factories.

For the last time, it can be reported that the Helping Hand Shop has been the agency for selling the greater proportion of completed articles, to the value of £301 14s. 7d. This is a record sum and reflects great credit on the efficiency of this voluntary organisation. 'Office' sales rose to £193 - largely due to the display cupboard in the entrance hall of Park End Street Offices - and the total sales handled on behalf of patients amounted to £494 14s. 7d.

### Marie Curie Memorial Foundation

An offer by the Marie Curie Memorial Foundation to make a grant of £50 to the County Council, to be disbursed to meet the needs of necessitous cancer patients being nursed at home, was gratefully accepted. In the course of the year the County Nursing Officer has drawn on the funds to give immediate help to patients in need.

### Medical Loan Depots

The British Red Cross Society have continued to provide articles on loan from their medical loan depots in various parts of the county. Some articles are provided free of charge, while a small charge is made for the hire of others. During the year, 392 articles were loaned to the County and a proportionate sum of £41 was paid towards the Oxford City grant to the Red Cross for this service.

In the event of anything being required which cannot be provided in this way, provision is made directly through the Health Department: e.g., air rings, mattresses, bed rests, rubber bedpans, etc. A small stock of air rings is held in the Health Department and these are issued free of charge, through nurses and health visitors.

### *Nursing Equipment for Paraplegics*

A Hoyer hoist and hospital-type bed were supplied by the department, to enable a patient suffering from poliomyelitis to be nursed at home on discharge from the Nuffield Orthopaedic Centre.

### *Convalescent Treatment*

Fifty-nine patients were recommended by medical practitioners for treatment, and vacancies were obtained for them at various convalescent homes, mainly at resorts on the south coast. Over 40 per cent of the patients for whom arrangements were made were over the age of sixty. Contributions towards the cost of treatment were assessed in accordance with the scale approved by the County Council.

### *Chiropody*

Ministry of Health Circular 11/59 authorised Local Health Authorities to provide or extend chiropody services, either directly or on an agency basis. After making enquiries from state registered chiropodists in the area, it was decided that a chiropody service would be provided either directly or through voluntary organisations, as was considered most suitable.

### *HOME HELP (SECTION 29)*

No whole-time home helps are employed, but part-time helps are recruited by the health visitors, who have intimate knowledge of the needs of old persons in their areas. No Home Help Organiser is employed.

During the year, 604 cases received help. Of these, 482 were cases of chronic sickness, aged or infirm; 33 were maternity cases; 5 were cases of tuberculosis.

From these figures, it can be seen that 80 per cent of the service is devoted to the elderly. With the increasing average age of the population each year, there is no doubt that the need will increase, and provision will have to be made accordingly. The value of the service in caring for the elderly and in preventing the admission of the infirm to homes and hospitals is incalculable.



# PART III INFECTIOUS DISEASES

There were no serious outbreaks of infectious disease during 1959, and measles was the only infection to assume considerable proportions. The infection appeared to spread across the County from the west to the east, originating in the first quarter and dying out in the third quarter. Children in the 5 - 9 years age group were principally affected.

One case of paralytic poliomyelitis was notified. It is hoped that, in future years, preventive vaccination will reduce this crippling disease throughout the country to negligible proportions. It is most important that adults should be protected, since the illness is generally more severe in adults than in children.

NOTIFICATIONS OF INFECTIOUS DISEASES, 1959

DISEASES	URBAN DISTRICTS								RURAL DISTRICTS							TOTALS FOR ADMINISTRATIVE COUNTY
	Banbury (Borough)	Woodstock (Borough)	Chipping Norton (Borough)	Henley-on-Thames (Borough)	Bicester	Witney	Thame	TOTALS FOR COMBINED URBAN DISTRICTS	Banbury	Chipping Norton	Witney	Bullington	Henley	Ploughley	TOTALS FOR COMBINED RURAL DISTRICTS	
Scarlet Fever	11	--	--	--	--	--	1	12	7	12	36	28	13	57	153	165
Whooping Cough	3	--	--	--	--	--	--	3	13	1	--	19	17	12	62	65
Measles	95	17	169	265	62	99	18	725	112	348	290	601	553	445	2,349	3,074
Pneumonia	3	--	--	--	1	--	--	4	2	1	4	9	25	28	69	73
Dysentery	--	--	6	1	--	2	--	9	14	4	1	7	1	4	31	40
Food Poisoning	--	--	--	--	--	--	--	--	4	--	1	6	3	1	15	15
Paratyphoid Fever	--	--	--	--	--	--	--	--	1	--	--	--	--	--	1	1
Poliomyelitis: Paralytic	--	--	--	--	--	--	--	--	--	--	--	--	1	--	1	1
Non-paralytic	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Meningococcal Infection	--	--	1	--	--	--	--	1	1	--	--	--	1	--	2	3
Erysipelas	--	--	--	--	--	--	1	1	--	1	1	--	2	1	5	6
Puerperal Pyrexia	--	--	--	--	--	--	--	--	--	--	--	2	--	4	6	6
Malaria	--	--	--	--	--	--	--	--	--	--	--	1	--	--	1	1
Ophthalmia Neonatorum	--	--	--	--	--	--	--	--	--	--	--	--	--	1	1	1
Tuberculosis: Respiratory	10	1	--	6	4	3	2	26	--	10	6	21	9	9	55	81
Non-respiratory	3	--	--	2	1	1	--	7	1	--	1	4	--	1	7	14

## *Tuberculosis*

I am indebted to Dr. N.J. England for the following report:

'The pattern of the anti-tuberculosis campaign has followed the usual methods: i.e., the search for new cases, the efficient treatment of the sufferers to render them non-infectious and the raising of the level of resistance by vaccination of those exposed to risk.

'The search for new cases has included the intensification of the drive to examine all possible contacts. The mass radiography team has been directed towards areas where new cases of tuberculosis have been found and some 10,550 persons have been examined at Bicester, Banbury, Kidlington and in the Ploughley Rural District. Seven new active cases of tuberculosis were found and some twenty-seven others kept under observation at the chest clinic.

'In order to speed up the protection of those exposed to risk, the health visitors have all been trained to carry out tuberculin testing. Whenever practicable, the tuberculin test is performed on contacts prior to their attendance at the chest clinic, so that either X-ray



examination or B.C.G. vaccination can follow at once depending on the result of the test. Several group investigations have been required due to the occurrence of a case of tuberculosis: two schools, a youth club, two small factories and a bank. Larger factory units with their own X-ray apparatus, such as the Pressed Steel Company and Morris Motors, assist by X-raying those in immediate contact risk.

'It has been found desirable that, once treatment for tuberculosis is started, the treatment should be continued for a minimum period of eighteen months, and in this way the majority are rendered non-infectious and relapse appears to be very infrequent.'

#### *Chest Clinic, Churchill Hospital, Oxford*

The following report has been provided by the Chest Clinic Almoner, Mrs. Dorothy Hicks:

'The medical social work in the Almoner's Department of the Chest Clinic has followed much the same pattern as in previous years, with no dramatic change in emphasis; the aim is, as it always has been, to help patients meet whatever anxieties the impact of tuberculosis creates or aggravates.

'Although the success of treatment in recent years has radically altered both the course of the disease and the eventual outcome, it still appears to the patient a menacing illness when first encountered. For the average wage-earner it entails a sharp drop from the prevailing good wages to statutory allowances, and hire purchase commitments remain the outstanding economic anxiety under these circumstances. Thanks to the comparatively rapid recovery of the early diagnosed case, financial help is often only needed for a relatively short period, but the Care Committee grants do, at the onset of the illness, ease intolerable financial pressure and give a feeling of confidence and support out of all proportion to the actual amount of aid given.

'For those to whom tuberculosis is an old and still undefeated enemy, the chronically ill patient whose extensive lung damage took place before the days of effective chemotherapy, the occasional grant of fuel in an inclement winter or a gardening grant in the approach of spring or a long-coveted holiday in the warmth of summer may make the illness-ravaged years more tolerable.

'The return to work the same as or similar to before the illness presents less difficulty than in the past, but there is still the occasional case who needs special help from the Care Committee to take a course at home, or the patient whose one-man business needs help over a lean patch if it is to continue.

'Some patients have again passed through the Ministry of Labour Rehabilitation Units, and we have ready help from our Disablement Resettlement Officer in placing patients in jobs locally. No patients from this area are now in the Tuberculosis Colonies, which are no longer confined to tuberculosis cases.

'The almoners have, as in other years, had warm co-operation from the workers in both statutory and voluntary bodies, and the Oxfordshire Care Committee have been ever ready with sympathetic consideration for the diverse problems that we have laid before them.'

#### *Venereal Diseases*

In common with the rest of England and Wales, there has been an increase in the incidence of cases of venereal disease attending at the special treatment centres in Oxford and Reading.

A considerable proportion of cases are thought to have been contracted outside the county, frequently in London. A good liaison exists between the County Health Department and the almoners at the special treatment centres, whereby, whenever possible, contacts are traced and offered treatment.

The incidence of new cases treated at the Special Treatment Centres at the Radcliffe Infirmary, Oxford, and the Royal Berkshire Hospital, Reading, over the past five years is shown in the following table:

O = Radcliffe Infirmary, Oxford    R = Royal Berks, Reading    T = Total

	1955			1956			1957			1958			1959		
	O	R	T	O	R	T	O	R	T	O	R	T	O	R	T
Syphilis	11	-	11	8	-	8	6	-	6	8	1	9	8	1	9
Gonorrhoea	25	-	25	24	-	24	24	1	25	30	-	30	46	1	47
Other	59	6	65	70	4	74	54	9	63	64	3	67	103	5	108
Totals	95	6	101	102	4	106	84	10	94	102	4	106	157	7	164



## PART IV

### BLINDNESS

Mr. R.T. Barre, Chief Welfare Officer, has kindly contributed the following information:

During the year ended 31st December, 1959, 74 completed Forms B.D.8 were received, and 51 persons were admitted to the Blind Register and 23 to the Register of Partially Sighted Persons.

One case of blindness due to Retrolental Fibroplasia was reported.

All except 12 persons recommended for treatment were dealt with during the year and received the treatment recommended.

#### *A. Follow-up of Registered Blind and Partially Sighted Persons*

(i) Number of cases registered during the year in respect of which Forms B.D.8 recommend:	Cause of disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	2	1	1	41
(b) Treatment (medical, surgical or optical)	5	9	-	15
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	4	2	-	11

#### *B. Ophthalmia Neonatorum*

(i) Total number of cases notified during the year	Nil
(ii) Number of cases in which: (a) Vision lost (b) Vision impaired (c) Treatment continuing at end of year	Nil

During the year ended 31st December, 1959, six persons who were previously on the Partially Sighted Register were re-examined and placed on the Register of Blind Persons.

#### *Cases certified blind and placed on the Register of Blind Persons for the County of Oxford in the year 1959*

<i>Cause of Blindness</i>	<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Retinal haemorrhage	21 - 29	-	1	1
Cataract	70 - 79	-	1	1
	80 - 84	-	2	2
	90 plus	-	1	1
Iritis	70 - 79	-	1	1
Retinopathy	40 - 49	1	-	1
	50 - 59	-	1	1
Myopia	60 - 64	1	-	1
	65 - 69	1	-	1
	70 - 79	-	1	1
Senile macula degeneration	70 - 79	-	1	1
	80 - 84	1	1	2
	85 - 89	1	-	1

*(To be continued)*



*Cases certified blind (continued)*

<i>Cause of Blindness</i>	<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Central retino choroidal degeneration	60 - 64	1	-	1
	70 - 79	-	1	1
	80 - 84	-	1	1
	85 - 89	-	1	1
	90 plus	-	1	1
Glaucoma	65 - 69	1	-	1
	80 - 84	2	2	4
Optic atrophy	1	-	1	1
	5 - 10	-	1	1
	60 - 64	1	-	1
	65 - 69	1	-	1
	80 - 84	-	1	1
Senile retinopathy	65 - 69	1	-	1
	70 - 79	-	1	1
	80 - 84	-	1	1
	85 - 89	2	1	3
	90 plus	-	1	1
Arterio sclerosis	70 - 79	-	3	3
Intraocular F.B. & denticritic ulcer	50 - 59	1	-	1
Arteritis of retinal artery	70 - 79	1	-	1
Diabetic retinopathy	70 - 79	1	1	2
Occlusion central artery or retina	65 - 69	1	-	1
	70 - 79	-	1	1
Retinal vein thrombosis	70 - 79	-	1	1
Diabetic choroido retinal degeneration	80 - 84	-	1	1
Anirdia	65 - 69	1	-	1
Choroidal sclerosis	80 - 84	-	1	1
Retrolental fibroplasia	1	1	-	1
		20	31	51

The degenerative conditions associated with increasing age account for the greatest proportion of new cases registered as blind during 1959.

The total number of cases on the Blind Register for the County of Oxford at 31st December, 1959, were

<i>Male</i>	<i>Female</i>	<i>Total</i>
171	204	375

### *Epilepsy*

During 1959 there were 10 persons in the care of the Welfare Committee in Epileptic Colonies.

### *Handicapped Persons*

The number of registered handicapped persons (deaf) was 78.

The number of registered handicapped persons (general classes) was 85.

## PART V

### MENTAL HEALTH SERVICES

#### *Account of Work Undertaken in the Community*

#### 1. Lunacy and Mental Treatment Acts, 1890 - 1930

Cases dealt with by Duly Authorised Officers:

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Number of cases certified and removed to hospital	5	6	11
Number of cases removed on Three Day Orders and subsequently:			
(a) Admitted as Certified Patients	2	4	6
(b) Admitted as Temporary Patients	-	3	3
(c) Admitted as Voluntary Patients	32	67	99
(d) Admitted as Informal Patients	8	5	13
(e) Discharged after extension by Physician Superintendent	19	14	33
(f) Died	2	8	10
Number of cases removed on Justices' Order (14 days), subsequently:			
(a) Admitted as Certified Patients	-	1	1
(b) Admitted as Temporary Patients	-	-	-
(c) Admitted as Voluntary Patients	-	-	-
(d) Admitted as Informal Patients	-	-	-
(e) Discharged after extension by Physician Superintendent	-	-	-
(f) Died	-	-	-
Number of cases admitted direct as Voluntary Patients	2	1	3
Number of cases admitted direct as Temporary Patients	-	1	1
Number of cases admitted direct as Informal Patients	-	-	-
Number of cases admitted under Section 30 (Magistrates' Court Act, 1952)	1	-	1
Number of cases in which no action was necessary	<u>10</u>	<u>8</u>	<u>18</u>
Total number of cases referred	<u>81</u>	<u>118</u>	<u>199</u>

#### 2 The numbers of admissions from the County to Mental Hospitals as Health Service Patients were as follows:

Certified Patients	8	11	19
Temporary Patients	2	3	5
Under Orders, for observation	63	102	165
Voluntary Patients	95	135	230
Informal Patients	<u>24</u>	<u>30</u>	<u>54</u>
	<u>192</u>	<u>281</u>	<u>473</u>

#### *After-Care*

Seventy-seven after-care visits were paid by mental welfare officers.

A feature of the year's work was the inception of after-care visits by the mental welfare officers to patients discharged from mental hospitals. These visits are valuable in providing the patient and his relatives with support, advice and help and, at the same time, enabling the hospital psychiatrists, through the mental welfare officers' reports, to gain a more accurate picture of the patients' home circumstances. The discussion of patients' illnesses and problems at regular case conferences in the hospitals has been useful to both doctors and mental welfare officers. It can be expected that this aspect of the mental welfare officers' work will expand considerably.



## *Mental Deficiency*

Cases on the Register:	<i>Males</i>	<i>Females</i>	<i>Total</i>
In Mental Deficiency Hospitals	132	126	258
In other hospitals	-	-	-
In Approved Homes	<u>2</u>	<u>1</u>	<u>3</u>
Total under hospital care	134	127	261
On Licence	12	7	19
Under Guardianship	10	5	15
Under Statutory Supervision	45	28	73
Under Voluntary Supervision	106	128	234
Ascertained but not under Supervision	<u>-</u>	<u>-</u>	<u>-</u>
Total number of cases on Register	<u>307</u>	<u>295</u>	<u>602</u>

## *Ascertainment*

Forty-four new cases were ascertained during the year. The sources of referral of these cases were as follows:

Local Education Authority	12
Health Visitors	3
National Assistance Board	1
Other Local Health Authorities	8
Hospital	12
Doctors	1
Relatives	-
Moral Welfare Workers	-
Children's Department	2
Ministry of Labour	-
Oxford Regional Hospital Board	-
Police	4
Board of Control	1
Welfare Officer	<u>-</u>
	<u>44</u>

## *Guardianship*

Nine patients were under guardianship at Brighton, under the arrangement with the Brighton Guardianship Society. Three patients were under guardianship in Oxfordshire and three outside the County. Regular reports were received on these patients.

## *Licence*

Nineteen patients (12 male and 7 female) were on licence from hospitals. These patients were visited regularly by the mental welfare officers.

## *Domiciliary Supervision*

1,295 visits were paid by the mental welfare officers to mentally defective patients.

In addition, the health visitors were given the duty of paying routine visits to mentally defective children under the age of 5 years and six patients in this category received regular visits.

## *Hospital Care*

Twenty-nine patients were admitted to hospital during the year. The method of admission of these patients was as follows:

Informal basis	14
Order made on Petition	7
Order made by Court	4
Short-term care	4

## *Training Centres*

Banbury and Witney: The one-day classes at Banbury and Witney continued to operate on Mondays and Tuesdays respectively. The classes were supervised by the two home teachers, in addition, the voluntary help which was offered at the Banbury class was greatly appreciated. The numbers attending were: Banbury, 18; Witney, 16.



Oxford: Five County children attended the full-time occupation centre at Littlemore run by Oxford City. In addition a grant was made to the Oxfordshire Spastics Welfare Society, towards the cost of their Day Centre at the Churchill Hospital.

Borocourt Day Hospital: From the 1st October, 1959, the Health Committee became responsible for the maintenance and transport costs of County children attending the day hospital, which, in effect, is acting as a training centre for the southern part of the County. Thirteen were attending in 1959.

#### *Home Teaching*

The number of patients receiving regular instruction at home from the two home teachers, during the year, was 23.

#### *Future Policy*

One of the most important legislative measures in public health was the passing of the Mental Health Act in 1959. Although, as yet, only part of the Act has been implemented, careful consideration has been given to the service which is likely to be provided in Oxfordshire in the future. Ministry of Health Circular 9/59 emphasised that priority should be given to the establishment of training centres and that the services available for training the mentally handicapped child should be as much in line as possible with the education services provided for his more fortunate schoolfellow.

The provision of community care in the mental health field presents a more difficult problem in rural than in urban areas. The disadvantages of small, scattered populations, with long travelling distances to and from training centres, have to be overcome. In Oxfordshire, this difficulty is being faced by planning training centre programmes in four main parts of the County.

In the west, it is anticipated that the centre at Witney will meet the present needs in that area. This centre is already in operation, on a full-time basis, at the time of writing, with a certificated supervisor in charge. In the north, a centre at Banbury is planned, to serve the borough and the northern parts of the County. The centre will be situated near the bus stop, to help pupils travelling by public transport. In the central part of Oxfordshire, arrangements will continue for children and adults to attend the Oxford City training centre at Littlemore; whereas in the south advantage will be taken of the day training facilities provided at Borocourt Hospital.

The provision of four separate centres in this way means that it should be possible for most persons to attend a centre while living in their own homes.

The need for residential accommodation will probably increase gradually. The original supposition that suitable patients would be discharged from hospitals to local authority homes seems unlikely to materialise. It is more probable that local authority homes will be used to care for and train those persons in the community who do not need to be admitted to hospital for nursing care or medical treatment, but whose home conditions are inadequate for one reason or another. With this in mind, it seems desirable that accommodation should be situated near training centres and in areas where employment is available. Accordingly, consideration is at present being given to the future provision of a home for female subnormal adults in conjunction with the hospital annexe at Cumnor Rise, where training or work in Oxford should be practicable.

The increase in and improvement of community services for mentally disordered persons means, of necessity, an increase in the staff employed in the preventive and after-care services. In 1959, a third mental welfare officer was appointed to the mental health staff, and provision is made for the appointment of a fourth mental welfare officer in 1960. There is close liaison with the hospital services: case conferences and clinical discussions are held frequently and so help to provide a bridge from sheltered environment and hospital treatment to life in the community. The provision of accommodation for the elderly confused patients has been discussed with officers of the Regional Hospital Board, and further discussions will take place in regard to the best service that can be provided in the future.

## PART VI

### SANITARY CIRCUMSTANCES OF THE AREA

#### *Rural Water Supplies and Sewerage Acts, 1944 - 1955*

#### *Public Health Act, 1936, Section 307*

For purposes of observation and contribution under the above Acts, seven sewerage and sewage disposal schemes, to the value of £460,170, and four main water schemes, to the value of £163,134, received technical consideration and were duly reported upon.



RURAL HOUSING SURVEY

- Group 1. Satisfactory in all respects
- Group 2. With minor defects
- Group 3. Requiring repair, structural alteration or improvements
- Group 4. Unfit for habitation and beyond repair at reasonable cost

Note: + year survey completed

Banbury		Bullington		Chipping Norton		Henley		Ploughley		Witney		Totals	
+1951	1959	+1953	1959	+1947	1959	+1950	1959	+1949	1959	+1953	1959		1959
609	1,018	2,702	2,859	762	1,215	1,349	1,764	886	2,521	1,210	1,691	7,518	11,068
688	556	1,729	2,282	1,467	1,402	1,223	703	1,315	851	891	857	7,313	6,651
922	948	1,780	1,275	1,282	1,060	855	847	1,113	104	2,263	1,834	8,215	6,068
827	366	534	149	400	78	55	42	453	111	300	215	2,569	961
3,046	2,888	6,745	6,565	3,911	3,755	3,482	3,356	3,767	3,587	4,664	4,597	25,615	24,748

GENERAL HOUSING DATA

- Applicants for Council Houses
- Ex-Service Hutments converted and in use as housing
- Ex-Service Hutments not converted but inhabited
- Cases of known overcrowding
- Caravans used for housing:
  - (a) by Service personnel
  - (b) as permanent occupation
  - (c) for temporary occupation

Total (a) (b) (c)

PART VII  
RURAL HOUSING

Banbury	Bullington	Chipping Norton	Henley	Ploughley	Witney	Totals	
						1958	1959
239	912	804	212	273	370	2,610	2,810
-	8	-	6	-	6	50	20
1	-	1	-	-	-	4	2
-	2	-	3	-	1	6	6
-	19	-	-	14	280	301	313
29	680	18	220	77	97	990	1,121
-	21	-	50	11	18	110	100
29	720	18	270	102	395	1,401	1,534

# ACTION UNDER HOUSING ACTS

	Banbury	Bull- ingdon	Chipping Norton	Henley	Plough- ley	Witney	Totals 1958 1959	
Houses within survey recon- ditioned or improved - informal action by owners	42	417	83	62	168	59	514	831
Houses within survey demolished - informal action by owners	-	5	-	2	-	-	3	7
Financial assistance towards housing: Dwellings towards which advances for purchase have been made:								
(a) under Small Dwellings Acquisition Acts	-	-	-	-	-	-	1	-
(b) under Housing Act	33	20	8	45	87	58	306	251
No. applications received for improvement grants	78	94	47	54	41	101	305	415
Demolition Orders served	4	4	-	-	3	6	25	17
Demolition Orders outstanding:								
(a) occupied premises	6	9	-	1	14	12	51	42
(b) unoccupied premises	25	19	-	7	66	31	165	148
Undertakings accepted to make fit	-	-	-	-	-	2	19	2
Undertakings accepted not to use for human habitation	1	-	7	2	2	4	84	16
Undertakings outstanding	17	20	143	24	31	37	296	272
Houses demolished	6	-	-	4	6	17	51	33
Houses made fit	7	11	6	6	116	11	135	157
Houses required by local authority	-	-	-	-	-	8	11	8
Closing Orders made	27	-	-	-	-	10	63	37
Closing Orders outstanding	70	12	1	6	-	95	173	184

# PROVISION OF NEW HOUSING

	Banbury	Bull- ingdon	Chipping Norton	Henley	Plough- ley	Witney	Totals 1958 1959	
<i>By Local Authorities</i>								
Tenders approved but not started	-	34	2	-	8	16	115	60
Under construction	32	64	71	18	23	70	79	278
Completed 1959	12	49	15	16	7	8	213	107
Completed 1.4.45 - 31.12.59	554	1,427	636	665	1,145	1,057	5,377	5,484
<i>By Private Builders</i>								
Under construction	43	214	22	96	239	117	651	731
Completed 1959	19	211	22	130	190	67	594	639
Completed 1.4.45 - 31.12.59	256	1,157	245	912	1,355	394	3,680	4,319

The Housing Return for rural districts shows that 20 converted ex-service hutments are still in use for housing. These hutments were brought into use for temporary housing after the war; the highest occupancy figure was in 1950, when 749 hutments were occupied. Of the 196 unconverted hutments occupied in 1949 only two are now in use.

Applications for new council houses have risen since 1957, when 2,518 applications were received, but the number of new council houses completed continues to decline. Private house building, on the other hand, has increased.

Caravans, which are unsatisfactory as family dwellings, also continue to increase in number.

From the rural housing survey figures, it is encouraging to note the reduction in houses graded 3 and 4 classifications. There was an increase in the number of applications for improvement grants towards the modernisation of old houses.



# PART VIII FOOD AND DRUGS

## FOOD AND DRUG ACTS, 1955

### Pasteurised Milk

Ten dairies are licensed by the County Council to pasteurise milk. From these dairies, 794 samples of heat treated milk were obtained to check compliance with the legal requirements.

Sample Summary:

	Passed	Failed	Invalid	Total
Methylene blue test (for keeping quality)	516	-	278+	794
Phosphatase test (for effectual pasteurisation)	786	4*	4	794

\* Due to the overnight temperature at which these samples have to be kept prior to examination exceeding 65° F.

+ 3 failures occurred from a holder pasteuriser and 1 from a High Temperature Short Time pasteuriser. As soon as a failure is reported the County Public Health Inspector inspects the dairy to ascertain the cause and see that the defect is put right.

### Milk Bottle and Churn Cleanliness

No legal bacteriological standard exists for the cleanliness of milk receptacles, but the Public Health Laboratory Service have an agreed classification. Samples taken gave the following results in accordance with the standards.

	Bottles	%	Churns	%	Churn Lids	%	
Satisfactory	92	77	69	58	69	58	% are approximate.
Fairly satisfactory	2	2	2	2	5	4	
Unsatisfactory	7	6	20	17	21	18	
Invalid	19	16	27	23	23	19	
TOTAL	120		118		118		

### Biological Examination of Milk

Sixty-eight samples of Tuberculin Tested milk, mainly obtained from farm bottled retailed sale, were on biological examination found negative to bovine tuberculosis. In addition, 1,863 samples of milk obtained from churn supplies as forwarded to pasteurising dairies were examined specifically for brucella abortus. These samples were first 'screened' by the ring and whey tests, positive samples to these tests being submitted for biological examination. The work is undertaken by Dr. McDiarmid at the Agricultural Research Field Station, Compton. 664 farms were tested in this way; 32 proved biologically positive to brucella abortus.

### School and Children's Home Milk Supplies

Of the 223 schools receiving school milk, only two remain supplied with Tuberculin Tested milk; the remainder all have pasteurised milk. 42 samples of these supplies taken during the year proved satisfactory.

### Brucellosis

Following consideration of the report and work undertaken by the Brucella Abortus Technical Group, the Committee recommended that brucellosis should be made a notifiable disease and that ring testing should be extended as a means of determining the proportion of infected herds. I am glad to report that, in undertaking such work within the County, there has been close co-operation with Medical Officers of other authorities.



## PART IX

### SCHOOL HEALTH SERVICE

#### *The Health of Schoolchildren in Oxfordshire*

From the reports of the school medical officers and the notifications of outbreaks of infectious disease, it is evident that 1959 was a good year so far as the health of schoolchildren was concerned. There were no major epidemics, and almost without exception the school medical officers have commented upon the excellent health of schoolchildren under their supervision. It is perhaps obvious that the overall improvement in health tends to highlight the defects which still exist.

Foremost among these is the inadequate dental care that is available as a result of the shortage of school dental officers. This is, of course, a national rather than a local problem. There are four school dental officers to cope with the needs of a population of 27,000 schoolchildren. In 1960 there will be the additional services of a part-time dental officer. Ideally there should be eight school dental officers for this population, but, owing to the lack of response to advertisements of vacancies, the establishment has not been increased. In order to make good, as far as possible, the deficiencies in staff, it is necessary in a rural County that the best mobile service which is possible shall be provided. Accordingly, the Education Committee have authorised the purchase of a second dental caravan and this should greatly help the dental service in the coming years.

As a result of the findings at school medical inspections, medical officers have again drawn attention to the bad effect which modern shoe fashions have on children's feet - mainly adolescent school girls. Pointed shoes cramp and deform the toes; long pointed heels affect the posture; the dubious advantages of appearing to be fashionable are heavily offset by the handicaps which are likely to result. Poor posture and flat feet are noticed not uncommonly at medical inspections. In this connection the value of the remedial service provided by the physiotherapists has again been commented upon.

It will be seen from the report that the high standard of nutrition among schoolchildren continues. Perhaps a rather curious feature is remarked upon by two medical officers - that obesity among schoolchildren seems to be more noticeable than in the past, and that mothers are loth to diet stout children.

Attention is drawn this year to the relative infrequency of ear, nose and throat disorders, but requests have been received that routine audiometric surveys should become a regular feature of the school health service. It is hoped that such a service may become available soon, so that those children with minor hearing loss can have their defects remedied and so take full advantage of their education.

Children with more serious hearing loss attend the partially deaf units in Oxford by arrangement with the City Education Authority. In two cases the parents have moved to within a few miles of Oxford from more distant rural areas in order that their children can have the advantage of this service. In one instance it was possible to arrange for re-housing with the district authority concerned. Attendance at the partially deaf unit provides the great advantage that the handicapped child can live at home and mix with hearing children. For some deaf children, however, where the handicap is too great or is associated with other handicaps, a residential school remains the best form of education.

It gives pleasure to be able to report that many school doctors refer to the valuable help and co-operation they have received from health visitors and school staff. In the more modern schools the facilities offered for medical inspection are good, but in the older schools in remote rural areas much depends on the willing liaison that exists between health and school staff. In these latter schools the sanitary services often leave much to be desired, but it is appreciated that structural alterations are dependent in considerable measure not only on future school development policy in the area, but also on the provision of a good water supply in the neighbourhood.



## SCHOOL HEALTH SERVICE

### COMMITTEE AND STAFF

#### *Special Services Board of the Education Committee*

J.A. Fenemore, Esq. ( <i>Chairman</i> )	C.J. Peers, Esq.	W.G. Bayley, Esq.
Brig. R.J. Brett, D.S.O.	Lt.-Col. The Rt. Hon. Lord Saye and Sele, M.C.	
E. Clothier, Esq., B.Sc.	The Rev. D. Toplass	Mrs. M.H. Hichens, C.B.E.
Mrs. P. MacDougall	H. Osborn, Esq., M.B.E.	Mrs. W.D. de Pass
C. Hunt, Esq.	G.E. Woodward, Esq.	Brig. F.R.L. Goadby, O.B.E.

#### STAFF OF SCHOOL MEDICAL SERVICE: 1959

##### *Principal School Medical Officer*

M.J. Pleydell, M.C., M.D., D.P.H. (appointed 2.2.59)

##### *Deputy Principal School Medical Officer*

I.B. Sutherland, M.B., Ch.B., D.P.H. (appointed 6.4.59)

##### *Assistant School Medical Officer (Handicapped Pupils)*

I.M. Marshall, M.B., Ch.B.

##### *General Practitioners who act as School Medical Officers*

Dr. D.C. Harris	Dr. R.G. Eager	Dr. F.J.S. Chapman
Dr. M.B. Noble	Dr. J. Borrie-Harris	Dr. H.F. McCabe
Dr. G.L. Stroud	Dr. J.F. Monk	Dr. F.A. Bevan
Dr. Anne Davies	Dr. F.E. James	Dr. A. Sharman Beer
Dr. R.G.P. Almond	Dr. D. Richardson	Dr. J.W. Bullen
Dr. M.A. Slee	Dr. G.D. Bolsover	Dr. T. Cocks
Dr. A.J. Campbell	Dr. A.R.H. Williamson	Dr. T.D. Thorne
Dr. N.J.P. Hewlings	Dr. L.J. Timings	Dr. E. Herrin
Dr. W. Dickson	Dr. P.M.M. Pritchard	Dr. C.W. Stringfellow

##### *Principal School Dental Officer*

W.J. Cook, L.D.S., R.C.S.

##### *School Dental Officers*

Mrs. L. Stolarow, D.A.S. (Warsaw)	J.P. Bolte, L.D.S. (appointed 1.10.59)
J.M. Lusztig Martine, M.D., L.D.S. (Budapest) (resigned 1.10.59)	
W.G. Griffith-Williams, L.D.S. (Liverpool)	

##### *Superintendent of School Nurses*

Miss Mary C. Owen, S.R.N., S.C.M., H.V.Cert. (resigned 19.10.59)
Miss E. Richards, S.R.N., S.C.M., M.T.D., H.V.Cert., Q.N.S. (appointed 12.10.59)

##### *Deputy Superintendent of School Nurses*

Miss Clara E. Henry, S.R.N., S.C.M., M.T.S., H.V.Cert.

##### *School Nurse/Health Visitors*

Thirty-one

##### *Educational Psychologists*

Miss M. Markham, B.A.	Mrs. M.J. Scott-Blair ( <i>part-time</i> )
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##### *Speech Therapists*

Miss E.M. White, L.C.S.T.	Miss B.M. Thompson, L.C.S.T.
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##### *Physiotherapists*

Miss H. Munns, M.C.S.P.	Miss M. Dunford, M.C.S.P. ( <i>part-time</i> )
Miss M.J. Bouch, M.C.S.P. ( <i>part-time</i> )	Miss J. Mills, M.C.S.P. ( <i>part-time</i> )
	(resigned 31.10.59)

# STATISTICS

## Return of Medical Examinations for the Year ended 31st December 1959 (including Banbury Borough)

### ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations	1958	1959
Entrants	3,624	3,554
Second age group	2,491	2,454
Third age group	1,722	1,718
Total . . . . .	7,837	7,726
Number of other periodic examinations	92	84
Grand total . . . . .	7,929	7,810

### OTHER EXAMINATIONS

Number of special examinations	803	1,043
Number of re-examinations	1,041	1,387
Total . . . . .	1,844	2,430

### A - Return of Defects found by Medical Examination in the Year ended 31st December 1959

(1)  Defect or disease	Periodic Examinations		Special Examinations	
	(2) Number requiring treatment	(3) Number requiring to be kept under observation but not requiring treatment	(4) Number requiring treatment	(5) Number requiring to be kept under observation but not requiring treatment
Skin	39	47	9	2
Eyes - Vision	410	306	96	32
Squint	50	50	3	1
Other conditions	27	28	3	1
Ears - Defective hearing	35	42	8	2
Otitis media	10	45	1	-
Other ear diseases	27	21	7	3
Nose and throat	134	301	21	19
Speech	98	50	14	11
Lymphatic glands	7	59	-	4
Heart and circulation	17	54	2	1
Lungs	26	82	7	5
Developmental - Hernia	5	16	-	2
Other	17	52	-	1
Orthopaedic - Posture	96	107	19	19
Flat foot	111	126	18	16
Other	82	137	9	11
Nervous system - Epilepsy	1	10	-	4
Other	4	31	1	6
Psychological - Development	4	35	2	-
Stability	1	38	2	1
Abdomen	9	13	-	4
Other	57	71	26	18

### B - Classification of the Nutrition of Children Examined during the Year in the Routine

<u>Age Groups</u>					
Age Groups	Number of children inspected	Satisfactory		Unsatisfactory	
		Number	%	Number	%
Entrants	3,554	3,519	99	35	.98
Second age group	2,454	2,436	99.3	18	.7
Third age group	1,718	1,702	99.1	16	.9
Other periodic inspections	84	80	95.4	4	4.8
Total	7,810	7,737	99.07	73	.93



*C - Number of Individual Children Found at Routine Medical Examination to Require Treatment  
(Excluding Uncleanliness and Dental Diseases)*

(1) Group	(2) For defective vision (excluding squint)	(3) For all other conditions recorded in Table A	(4) Total
Prescribed groups			
Entrants	182	435	560
Second age group	141	287	395
Third age group	<u>87</u>	<u>158</u>	<u>223</u>
Total (prescribed groups)	410	880	1,178
Other periodic examinations	<u>11</u>	<u>19</u>	<u>28</u>
	421	899	1,206

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER 1959

DEFECTIVE VISION AND SQUINT  
(excluding minor eye defects treated as minor ailments)

<i>Defect or disease</i>	<i>Number of cases treated</i>
Errors of refraction (including squint)	1,561
Total number of children for whom spectacles were prescribed	812

TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT

<i>Defects or diseases</i>	<i>Number of cases treated</i>
Received operative treatment	
(a) For diseases of the ear	9
(b) For adenoids and chronic tonsillitis	321
(c) For other nose and throat conditions	18
Received other forms of treatment	<u>51</u>
Total	399

UNCLEANLINESS AND VERMINOUS CONDITIONS

1. Number of children found unclean	126
2. Number of individual pupils in respect of whom cleansing notices were issued	None
3. Number of individual pupils in respect of whom cleansing orders were issued	None

HANDICAPPED PUPILS IN SPECIAL SCHOOLS

Category	In special schools	Awaiting vacancies	Home tuition and tuition in hospitals	In hospital schools	Total	Dis- charged	New cases ascertained in 1959
a) Blind	4	2	-	-	6	-	1
b) Partially sighted	3	-	-	-	3	-	1
c) Deaf	7	-	-	-	7	-	-
d) Partially deaf	Day 4 6	3	2	-	15	-	2
e) Educationally subnormal	Wood Eaton 52 Manor Out County 56 Day special 22 Special classes 27	7	-	-	164	9	26
f) Epileptic	1	-	-	-	1	-	1
g) Maladjusted	Hostel 10 Schools 12 Day special 1	- -	-	-	23	-	-
h) Physically handicapped	Day 4 Boarding 18	1	5	1	29	1	3
i) Speech	-	-	-	-	-	-	-
j) Delicate	Boarding 5 Day 1	1	4	-	11	1	5



## HANDICAPPED PUPILS

*Blind:* One pupil has been certified as blind. The Authority has 4 pupils in residential schools for the blind.

*Partially Sighted:* One new case has been reported and one pupil was admitted to a special school. Three partially sighted pupils are now in special schools.

*Deaf:* No new case was assessed during the year. At the end of the year 7 pupils were receiving education in boarding schools for the deaf.

*Partially Deaf:* Two children were ascertained as partially deaf, and are now receiving education in special schools.

Six children attended the clinic for young deaf children in Oxford.

*Delicate:* Five new cases were reported and 4 admissions to special schools were arranged. At the end of the year, 6 pupils were in attendance at special schools.

*Physically Handicapped:* Three new cases were reported and 3 were admitted to special schools. At the end of the year, 22 physically handicapped pupils were receiving special educational treatment.

*Educationally Sub-normal:* Twenty-six children were assessed as requiring education in special schools; 19 were so placed. A total of 129 children are now in day or boarding schools.

*Maladjusted:* Nine pupils were placed in hostels or boarding special schools. On the 31st December, 10 children were attending hostels and 13 were attending special boarding schools.

*Epileptic:* One epileptic child is being educated at a boarding special school.

*Tuberculosis:* Three cases of respiratory tuberculosis were notified. The ages of the children affected varied from 5 to 14.

*B.C.G. Vaccination:* Consent for Mantoux testing and vaccination was returned for 2,171 children, which represents an acceptance rate of 85%. 338 children tested were Mantoux-positive; a rate of 16%. The number vaccinated was 1,687.

*Minor Ailments:* A Minor Ailments Clinic is held daily at the Banbury Clinic. During the year, 536 cases attended at the Clinic.

## MEDICAL EXAMINATION OF TEACHERS

Since 1st April, 1952, all teachers entering the profession and all candidates entering training colleges must have a satisfactory medical examination. During 1959, 29 teachers and 48 entrants to training colleges were examined.

## MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

Forty schoolchildren who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to the health of the children.

## SPEECH THERAPY

Work this year has again been undertaken in many schools, and it was found that the number of children receiving either weekly or fortnightly treatment has risen since 1958 by 104; the total being 503.

In the south of the County, Miss White only has time for a weekly visit to Woodeaton Manor E.S.N. School; she visits other schools fortnightly.

In the north of the County, twice-weekly visits are made to the National Children's Home in Chipping Norton, and other schools are visited weekly. Four children were referred for an Intelligence Assessment.

No work has been carried out in clinics during the year, with the exception of Banbury, where the hospital car service is required to bring in children from the outlying parts of this area. The rural nature of the County, and the increased number of children treated in schools, reduces the practicability of clinic work.

It is interesting to note that since 1956, when the establishment of Speech Therapists was raised to two, the number of speech-defective children who were found to require treatment increased not by 100%, as would be expected, but by almost 300%.

### Statistics for the north of the County are as follows:

Children who received regular weekly treatment during 1959 . . . . .	177
Of these, New admissions were . . . . .	102
Number discharged during the year . . . . .	114
Discharged with normal speech . . . . .	107

### Types of Speech Defect of Children Treated:

Dyslalia	100	Dysarthria	9	Sigmatism	23	Dysphasia	2
Stammer	22	Excessive nasality	8	Backward speech	13		

### Statistics for the south of the County are as follows:

Children who have received regular treatment	326	Number discharged during the year	145
New admissions . . . . .	69	Discharged with normal speech . .	133

### Types of Defect of Children Treated:

Dyslalia	217	Stammer	49	Intendental sigmatism	13	Dysophonia	1
		Lateral sigmatism	43	Cleft palate speech	3		



# CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICE

In January Mrs. Scott Blair was appointed to work part-time in the south of the County, and this has meant more work being done in the remoter schools. As there is still only one Psychiatric Social Worker for the Child Guidance Clinic, Mrs. Scott Blair has done some of the home visiting for the Clinic.

Five Remedial Teachers of reading are at work in the primary schools in the north, south, west and east of the County. Now that some of the backlog of backward readers in these schools is being overcome, some help is also being given in Hook Norton, Icknield, Langtree and Rotherfield Secondary Modern Schools.

The following table gives an account of the work done by the Psychologists. In addition, 79 new cases were seen for the Child Guidance Clinic, and 322 school and home visits were paid.

Non-Clinic Cases - Sources of Referrals	Problem	Speech Defect	Physically Handicapped	Difficult Behaviour	Reading	Nervousness	General Backwardness	I.Q. School Placement, Vocational Guidance	I.Q., and Psychological Report	Delinquency	TOTALS
Head Teachers		2	1	16	39	3	76	17	71	-	225
Advisory and Remedial Teachers		-	1	-	8	-	2	5	8	-	24
S.M.O.: Health Visitors: Speech Therapist		1	4	3	-	1	4	10	16	-	39
Hospitals and Private Doctors		-	-	-	-	-	-	-	1	-	1
Parents and Guardians		-	-	3	1	-	-	10	3	-	17
Other Agencies		-	-	2	1	-	1	4	4	-	12
Children's Officer		-	-	-	-	-	3	1	7	-	11
C.G.C. for Retest		-	-	-	-	-	-	-	11	-	11
Referred by Courts to Remand Home		-	-	-	-	-	-	-	-	82	82
TOTALS		3	6	24	49	4	86	47	121	82	422

Non-Clinical: Age range 4 years - 20 years  
I.Q. range 38 - 165

Clinic: Age range 2 years 2 months - 15 years  
I.Q. range 59 - 144



## DENTAL REPORT

Mr. W.J. Cook, Principal School Dental Officer, reports as follows:

The dental staff still remains under strength. One member left in October to take up a senior post with another authority. The vacancy was filled by a dentist who, although he is over the retiring age, wishes to carry on working. Another member of the staff, who is two years over the retiring age, has expressed his willingness to carry on for next year.

Inspections have shown a still further deterioration of both the temporary and permanent dentitions. Indeed, many of the mouths are in such a deplorable condition that all that can be done is to remove sources of toothache, knowing that in a few years after the child leaves school the teeth will have to be extracted and dentures inserted.

This state of affairs is not just confined to this County, but is general over the whole country. The present diet, which is high in carbohydrates and low in proteins, helps materially in causing the present condition. Unfortunately, carbohydrates are cheap compared with proteins, which are comparatively expensive.

Dental hygiene requires to be taught at the infant welfare centres as well as in the schools. Illustrated pamphlets showing the correct method to clean the teeth are now being given to each child after treatment. Whether this will be effective only the future can tell.

Until school dentistry can be made more attractive, so that the newly qualified dentists will look upon it as holding a worthwhile career, the teeth of the school population steadily will worsen.

In my own particular area, which is the western part of the County, at one secondary modern school with 270 children, only one child was found to have gone through school with a sound temporary and permanent dentition.

There are a number of children who attend regularly the private practitioners. The percentage varies in the different localities according to whether the children live within a reasonable travelling distance from a surgery. In the rural areas, very few were seen to have had private treatment. This shows how essential it is to have an adequate staff to cope with the increased amount of treatment now required.

The advent of the mobile dental clinic has proved itself to be invaluable in providing modern equipment and facilities to many of those schools. Next year there will be another mobile clinic, which will, I hope, help to keep the present staff and induce additional staff to come forward.

Owing to the increased premature loss of the deciduous teeth by caries, more orthodontic treatment for the permanent dentition has become a real necessity.

Cases which require a long course of treatment can be dealt with at the Banbury Clinic, as this is the only static clinic in continual use. In the other areas only those cases which can be rectified in a short time are offered treatment.

The health visitors are informed each week where the school dentists will be working; in this way it is possible to deal with any emergencies that may arise either for school or pre-school children.

In conclusion, I should like to thank the health visitors and teachers for their constant help and co-operation.

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1. Number of pupils inspected by the Authority's Dental Officers:	
(a) At periodic inspections	15,913
(b) As specials	<u>803</u>
	Total (1) <u>16,716</u>
2. Number found to require treatment	10,583
3. Number offered treatment	10,583
4. Number actually treated	5,809
5. Number of attendances made by pupils for treatment including those recorded at heading 11(h)	7,356
6. Half days devoted to:	
Periodic (School) inspection	210
Treatment	<u>1,142</u>
	Total (6) <u>1,352</u>

(to be continued)



# DENTAL INSPECTION (continued)

7. Fillings:	Permanent teeth	6,964
	Temporary teeth	<u>150</u>
	Total (7)	<u>7,114</u>
8. Number of teeth filled:	Permanent teeth	5,845
	Temporary teeth	<u>133</u>
	Total (8)	<u>5,978</u>
9. Extractions:	Permanent teeth	1,046
	Temporary teeth	<u>2,336</u>
	Total (9)	<u>3,382</u>
10. Administration of general anaesthetics for extraction		309
11. Orthodontics:		
	(a) Cases commenced during the year	7
	(b) Cases carried forward from previous year	12
	(c) Cases completed during the year	6
	(d) Cases discontinued during the year	-
	(e) Pupils treated with appliances	11
	(f) Removable appliances fitted	11
	(g) Fixed appliances fitted	-
	(h) Total attendances	55
12. Number of pupils supplied with artificial dentures		17
13. Other operations:	Permanent teeth	866
	Temporary teeth	<u>1,766</u>
	Total (13)	<u>2,632</u>

## PHYSIOTHERAPY CLINICS

The year 1959 has been a year of change in the physiotherapy service to the children in the County, and this, coupled with the long periods of incapacity due to the injuries sustained by Miss Hall and Miss Bouch, and the resignation of Miss Mills at the end of October, has led to a certain amount of dislocation of the work. It has therefore been the main concern of the physiotherapists to maintain contact with the children and continuity in their treatment. This has been achieved, although many have not been able to be visited as frequently as necessary for quick re-education of defects, a factor which may well result in an accumulation of children requiring attention. The exceptions to this are the asthmatics, for whom hospital transport has been arranged to convey them to the nearest fortnightly clinics.

Miss Hall left the County at the end of the Easter Term after eleven years of service; she has been greatly missed, both for her leadership and her personal qualities, but Miss Munns was given a warm welcome by her colleagues and, owing to their willing help and Miss Hall's excellent organisation, the effect of the dislocation caused by the changeover was minimised.

During the year, visits have been made to the homes of asthmatics, and the further understanding of the child's background and environment that this has brought about has resulted in a more successful approach to their treatment.

Visits made by Miss Munns since she came to the County include two days at the Brompton Chest Hospital and two days at each of two schools for severely handicapped children, all of which have assisted her in her work.

Two lectures were given to the student health visitors and a lecture-demonstration by a shoe retailer was again arranged.

The physiotherapists are looking forward to having an additional full-time member of staff in order that all children in schools may receive regular treatment and more severely handicapped children can be visited in their homes at suitable times.

## SUMMARY OF DEFECTS

Total number treated during the year	1,720	Parents who refused treatment	11
Posture	474	Children withdrawn before completion	
Feet and knees	1,044	of treatment	3
Respiratory	188	Parents present at clinics	399
Special difficulties	11	Children discharged	312







